IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Applica | tion of | | |) | | | | |
|---|-------------|-------------------------------|--|---------------------------------|--|----------|-------------------|--|
| HALLER | | | |)) A: |) Art Unit: 3632 | | | |
| Application No.: 10/812,833 | | | |)) E: |) Examiner: Wujciak, Alfred J. | | | |
| Filing Date: March 30, 2004 | | | |) C | onfirmation No.: 3114 | | | |
| | ICE AND I | |) | | | | | |
| | | | TRANSMITT | AL LETTE | <u>R</u> | | | |
| Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | Custome | Ballard Spahr Andrews & Ingersoll, LLP Customer Number 23859 November 26, 2008 | | | |
| Sir: | | | | | | | | |
| Trans | mitted here | with is th | ne following in the | he above-ide | entified appli | cation: | | |
| Response to Office Action Fee as calculated below No Additional Fee Required Corrected Drawings | | | | ☐ S ☐ T | Petition to Extend Time Supplemental Declaration Terminal Disclaimer Other | | | |
| | | | CLAIMS AS AN | MENDED | | | | |
| CLAIMS REMAINING AFTER AMENDMENT | | | HIGHEST NUMBER PREVIOUSLY PAID FOR | Present Extra | RATE | | Additional Fee | |
| Total Claims | | | | 0 | X \$52.00 | | \$0.00 | |
| Independent Claims | | | | 0 | X \$220.00 | | \$0.00 | |
| First Presentation of a Multiple Dependent Claim | | | | I 4 | + \$390.0 | 0 | \$0.00 | |
| FEE \$130 \$49 | | 2 nd Mont \$490 | \$1110 | 4 th Month \$1730 | 5 th Month \$2350 | | \$130.00 | |
| ☐ Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) - | | | | | | - \$0.00 | | |
| TOTAL FEE DUE | | | | | | \$130.00 | | |

ATTORNEY DOCKET NO. 08146.0001U1 APPLICATION NO. 10/812,833

| Payme | ent: | | | | | |
|-------------|--|--|--|--|--|--|
| | A check in the amount of \$ is enclosed. | | | | | |
| \boxtimes | Payment by credit card in the amount of \$130.00 for the fees designated below is submitted herewith. | | | | | |
| | The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed. | | | | | |
| \boxtimes | In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error. | | | | | |
| | Respectfully submitted, | | | | | |
| | /Sumner C. Rosenberg/ | | | | | |
| | Sumner C. Rosenberg | | | | | |
| | Registration No. 28,753 | | | | | |

Ballard Spahr Andrews & Ingersoll, LLP Customer Number 23859 (678) 420-9300 (678) 420-9301 (fax)